



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12833541
Outpatient Patient Service Revenue	\$33774187
Total Gross Patient Service Revenue	\$46607728

2. Deductions From Revenue

Contractual Allowance	\$28983362
Other Deductions	\$1870624
Total Deductions	\$30853986

3. Total Operating Revenue

Net Patient Service Revenue	\$14745503
Other Operating Revenue	\$1995589
Total Operating Revenue	\$16741092

4. Operating Expenses

Salaries and Wages	\$5422821	Employee Benefits	\$1627684
Depreciation and Amortization	\$909681	Interest Expense	\$123961
Bad Debt	\$1008240	Other Expenses	\$75876
Total Operating Expenses	\$9168263		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1788379	Total Assets	\$9424300
Net Non-operating Gains over Loss	\$-589	Total Liabilities	\$9176849

Total Net Gains	\$-1788968
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26356375	\$17596997	\$8759378
Medicaid	\$7153609	\$6299613	\$853996
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13097745	\$4386489	\$8711256
Total	\$46607729	\$28283099	\$18324630

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$20499	\$-20499

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2570877
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$964850	
HCI Payments	\$0		
Subtotal	\$0	\$964850	\$-964850
Medicaid Shortfalls	\$556704	\$3628129	
Subtotal	\$556704	\$4592979	\$-4036275
DSH Payments	\$0		
Subtotal	\$556704	\$4592979	\$-4036275
Medicare Shortfalls	\$8497755	\$9891504	
Other Government Programs	\$0	\$0	
Total	\$9054459	\$14484483	\$-5430024

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$13560	\$-13560
Community Assessment	\$0	\$9469	\$-9469
Provision of Taxes	\$0	\$943391	\$-943391
Other Allocations	\$0	\$0	\$0

Comments

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